Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico E....gy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		WELL API NO. 30-005-00347
		5. Indicate Type of Lease STATE X FEE
		6. State Oil & Gas Lease No. VA-795
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X OTHER		Ohio State
2. Name of Operator TOCO, L.L.C.		8. Well No.
3. Address of Operator c/o Oil Reports & Gas Services, Inc. P. O. Box 755, Hobbs, NM 88241		9. Pool name or Wildcat Wildcat
4. Well Location	From The South Line and 66	60 Feet From The East Line
26	110 200	(1)
Section 30 Town	aship TTS Range ZOE 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Chaves County
11. Check Appropri	riate Box to Indicate Nature of Notice, I	Report, or Other Data BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLU	IG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHA	ANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB
OTHER:	OTHER:	X
 Describe Proposed or Completed Operations (Cleawork) SEE RULE 1103. 	arly state all pertinent details, and give pertinent dates, in	cluding estimated date of starting any proposed
3/12/98, Lease expired due t	o no operations for 21 days.	
		ORCH THE
I hereby certify that the information above is true and complete		o too too
signature Dux Alard	mr.e Agent	DATE3/20/98
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED BY	ITILE	DATE